EDUCATION AND CARING: ALBERTA'S PROGRAM FOR AIDS

Alberta
COMMUNITY AND
OCCUPATIONAL HEALTH

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ALBERTA'S PROGRAM

FOR THE

PREVENTION, MANAGEMENT, AND CONTROL OF AIDS

Alberta Community and Occupational Health

October, 1987

OVERVIEW

Situation in Alberta

AIDS is a terminal disease for which there is no cure. Since 1983, AIDS has killed one Albertan every 52 days. Though there is no cure for AIDS, there are effective methods for preventing infection. There is no reason for Albertans to become infected with AIDS.

Alberta faces two major problems in relation to AIDS:

- how to control the spread of the infection
- how to best care for those who are already infected.

Between 1983 and October, 1987, 76 cases of AIDS have been reported in Alberta. However, the people who have developed AIDS represent only a small proportion of those infected with the virus. The number of people who have been infected is estimated at between 3,500 and 7,000. These figures show the potential for the spread of the disease and the numbers of people who are likely to require AIDS-related care.

At the current levels of infection, the potential loss of life and the cost to the health care system are staggering. If AIDS is allowed to spread, the potential results are beyond comprehension. AIDS is a disease which will directly or indirectly affect the lives of all Albertans.

Education Key to Control

There is no cure for AIDS. There is no vaccine which can be used to prevent infection. A medical solution to AIDS appears to be years away. Waiting for a cure or a vaccine invites disaster.

The only available method for controlling the spread of AIDS in Alberta is a comprehensive program of community-based public education. As a result, a three-year education program is being initiated. This program will be delivered by government and non-government organizations as well as funded agencies.

Public Education Program

An extensive media campaign will form a major component of the public education program. Other components will include:

- support for the sexuality curricula in junior and senior high schools
- increased resource materials for the public and health professionals
- ongoing education programs for health professionals
- implementation of an AIDS Hot Line.

Increased Services Needed

Existing agencies will have to meet an increased demand for services. As a result, staff are being added to the Sexually Transmitted Disease Control Unit. In addition, the Provincial Laboratories will have their budgets increased and self-help groups and funded agencies will receive increased support.

Care services are also being increased. This increase is related to:

- diagnosis and screening
- counselling for those at risk
- care and treatment for people with AIDS.

The treatment areas being considered for AIDS patients are therapeutic and community care. Continuity of care, among the various services AIDS patients require, is also being examined in a plan for care programs being developed.

Program Results

Albertans themselves are the key to the control and prevention of AIDS. The collaborative efforts outlined in this document will result in a better informed public who can base their behaviors and attitudes on factual information. The ultimate result should be the control of the spread of the infection, and improved care for those Albertans already infected. However, this result will only be achieved through the caring, commitment, and cooperation of all Albertans.

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THE PREVENTION, CONTROL, AND MANAGEMENT OF AIDS:

A STRATEGIC PLAN FOR ALBERTA

I. Introduction

Complacency a Major Problem

Because medicine is able to work modern day miracles, many people have become complacent about AIDS. Many Albertans feel that AIDS is someone else's problem and that medicine will readily find a cure for this disease, as it has done with so many others. This is a mistaken belief which, if uncorrected, will have disastrous results. AIDS is a disease which either directly or indirectly affects all Albertans. The disease cannot be ignored.

AIDS Can Be Controlled

AIDS cannot be cured, but it can be controlled. And the actions of an informed public are the key to that control. Though there is no method for curing AIDS and no vaccine to protect against it, enough is known about the disease to prevent its transmission.

Current Situation

As of October, 1987, 76 Albertans have contracted AIDS. When one looks at this number, the problem appears quite small. But this number represents only a tiny fraction of those infected with Human Immunodeficiency Virus (HIV), the virus which causes the illness. It is estimated that as many as 7,000 Albertans have been infected by the virus. Each of these people has the ability to spread the disease. Without an effective method of control, it is reasonable to assume that the numbers of infected individuals will rise exponentially.

Every infected individual is a potential AIDS victim. AIDS cannot be cured and to date 55% of Alberta's AIDS patients have died. Though the disease cannot be cured, its spread can be prevented. However, this will require that Albertans protect themselves and others by avoiding behaviors which allow the spread of the virus. Albertans must realize that this is the only way they can protect themselves against this disease.

Educational Approach Needed

Alberta will tackle this problem with a broad-based educational approach to the prevention, control, and management of AIDS. This three-year program will require collaboration among existing agencies, some of which will require increased funding and resources to deal with the infection and AIDS-related problems. In addition, a media campaign will focus Albertans' attention on the problem and provide support for other education vehicles.

Content of the Strategic Plan

In this strategic plan, an indication of the magnitude of the problem in Alberta is given. It is followed by general background information on the Human Immunodeficiency Virus and AIDS, including program developments at the national and international levels. Long-term goals and more specific objectives are then set out. Detailed strategies being used and their implementation dates are provided for each objective.

II. AIDS IN ALBERTA

A picture of the historical development of the disease in Alberta is important to an understanding of its current status.

The rate of increase since the first case in 1983 is illustrated in Figure 1; this curve is very similar to Canada's.

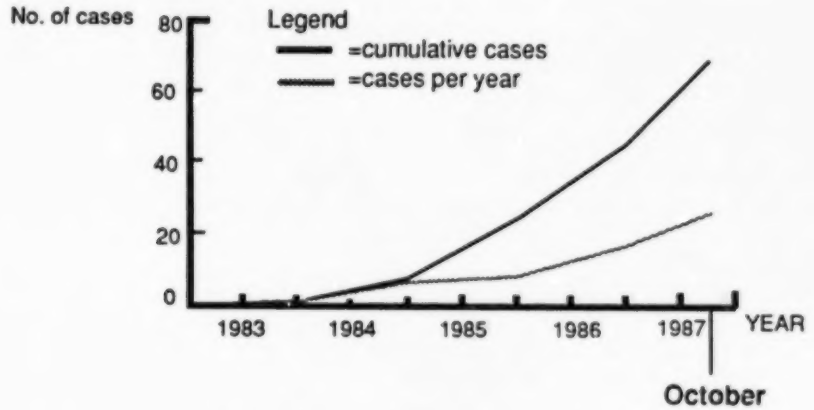


Figure 1. AIDS IN ALBERTA, 1983-1987: Cumulative Total of Cases and Cases in Each Year.

Location

By far the most cases have been in urban areas: to date, Calgary has had 42 cases and Edmonton 24. There have been seven cases in other southern areas, and three from Red Deer north. The reasons for the cases occurring predominantly in the southern part of the province are unknown.

Risk Factors

The situation in Alberta regarding risk factors is shown in Table 1.

Table 1. AIDS in Alberta: by Risk Group and Status (to October, 1987)

Cases by Risk	Number	% of Total	Living	Dead
Homosexual/Bisexual	64	84	29	35
Pediatric	2	3	0	2
Heterosexual	1	1	1	0
Blood Products	7	9	2	5
Unknown	2	3	1	1
Total	76	100	33	43

The first male homosexual/bisexual case was an individual who likely acquired his infection in the United States. However, this case cannot be linked to the subsequent cases. These people were sexually active in many parts of the world and, therefore, their source of infection is unknown. Several of these patients also had intravenous drug abuse as a risk factor.

The two children who had the disease were reported in early 1984. Their parents were recent immigrants from a high-risk country. Both children have since died. Further pediatric cases will occur not only in this risk group, but also in children born to infected mothers.

Alberta has now recorded its first case of heterosexual transmission, occurring in a young woman who was infected by her bisexual husband. The problem of heterosexual spread would no doubt escalate much more rapidly without an effective education program.

In 1985, the first case was reported of a blood recipient developing AIDS. Not all of the blood-related cases received blood in Alberta. Since the fall of 1985, all blood donations in Alberta have been screened for the presence of antibody to HIV.

Age of Patients

The ages of the AIDS patients in Alberta are shown in Figure 2. This is a young adult's disease in Alberta, as well as internationally, no doubt due to the methods of the spread of the virus.

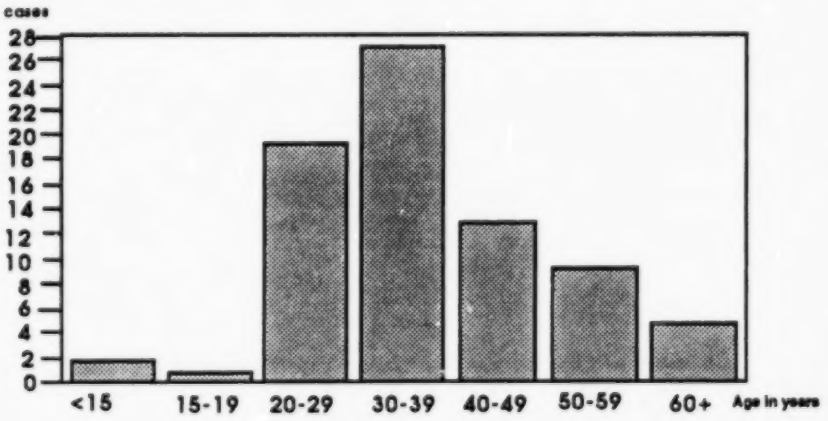


Figure 2.

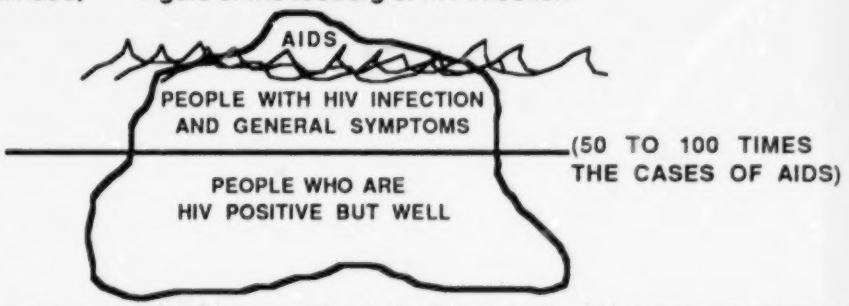
AIDS Cases in Alberta: By Age Group (to October, 1987)

Seroprevalence

An analogy to an iceberg illustrates the magnitude of the problem with AIDS and the virus. The full-blown cases of AIDS actually represent only the "tip of the iceberg" of those infected with HIV.

Seroprevalence (continued)

Figure 3. The Iceberg of HIV infection


AIDS
PEOPLE WITH HIV INFECTION AND GENERAL SYMPTOMS
(50 TO 100 TIMES THE CASES OF AIDS)
PEOPLE WHO ARE HIV POSITIVE BUT WELL

In Alberta, we are aware of 440 seropositive tests. This includes 313 homosexual/bisexual men, 20 transfusion recipients, 11 hemophiliacs, and 96 others, including intravenous drug abusers. This represents only a fraction of those infected, as they were the individuals who went for voluntary testing. The true magnitude of the seroprevalence in Alberta is estimated to be between 3,500 and 7,000 people, (based on World Health Organization's estimate that world-wide the number infected is 50 to100 times the cases of AIDS).

Comparison with the Rest of of Canada

Alberta is fourth among the provinces in both the number of AIDS cases and in the rate per million as demonstrated in Table 2.

Table 2: AIDS by Geographic Disiribution in Canada, October 5, 1987

Province**	Alive	Dead	Total	%	Rate per 1,000,000 population
British Columbia	125	143	268	(21)	93
Quebec	171	224	395	(30)	60
Ontario	252	242	494	(38)	54
Alberta	33	43	76	(6)	32
Nova Scotia	13	8	21	(2)	24
NorthwestTerritories	1	0	1	(0)	19
Manitoba	10	11	21	(2)	20
Saskatchewan	9	7	16	(1)	16
New Brunswick	2	5	7	(0)	10
Prince Edward Island	0	1	1	(0)	8
Newfoundland	3	1	4	(0)	7
Total %	619	685	1304	(100)	51

** Province where onset of illness was reported

Heterosexual Transmission

Of concern is the increasing transmission of this disease by heterosexual activity. While the percentage of cases from heterosexual spread in Alberta and Canada is very low, it is expected to grow without successful prevention measures. To a degree, we can expect to mimic the increase in the United States, where 4% of cases have been spread by heterosexual activity, although we are fortunate not to have a comparable problem from intravenous drug abuse. The spread into the heterosexual community will likely be mainly from bisexual activities and previously infected blood recipients.

III. BACKGROUND

The Disease

AIDS is a severe and fatal illness. AIDS victims develop unusual infections or tumors because their ability to fight off these diseases is severely limited. The virus responsible, Human Immunodeficiency Virus (HIV), destroys a type of white blood cells which are part of the immune system, the body's defense against infection.

The development of AIDS is one of several ways people may react when they become infected by the virus. Reactions to HIV are generally in one of four categories:

- an "infectious mono-like" illness occurring a few weeks after contact with the virus
- a healthy person with a positive blood test for the virus
- widespread swollen lymph glands with or without other symptoms such as diarrhea, cough, weight loss and fatigue
- AIDS characterized by unusual malignancies (Kaposi's sarcoma), and infections with unusual organisms (most commonly a rare form of pneumonia).

Recent studies suggest at least 20 - 30% of infected individuals will develop AIDS within seven years of becoming infected with HIV. Relatively recently, the virus has been found to cause infection of the central nervous system, with some resulting neurological disorders.

HIV: INFECTIOUSNESS AND TRANSMISSION

Where the Virus is Found

HIV is found in blood and blood products, semen, vaginal secretions, urine, and breast milk. This infection is consequently spread by sexual contact, needle sharing, or transfusion with infected blood or blood products. The virus may also be transmitted from infected mothers to their infants, before and during birth and through breast milk. Although the virus has been found in tears and saliva, the amounts are minute, and there has not been documented spread through these fluids.

Infectiousness of the Virus

Much is yet to be known about HIV and its effects. It is known that the virus can have a very long incubation period (4-7 years) from the time of exposure to the virus until full-blown disease develops. However, infectivity can begin almost immediately after exposure, and **all** those infected must be considered capable of spreading the infection. They may continue to be carriers on a lifelong basis, whether or not they actually become ill.

Transmission

Specific behaviors which are most dangerous are promiscuity, high risk sexual activities, and sharing syringes and needles.

The virus is readily destroyed by drying, heat, cold, or mild solutions of bleach, alcohol, etc. Established infection control procedures in health care facilities will prevent spread of this fragile virus to staff and other patients.

PREVENTION AND TREATMENT

Prevention

Research is underway into vaccine development but it is estimated that one is several years away.

The only available methods to prevent the spread of the virus which causes AIDS are by:

- breaking the chain of transmission due to high-risk sexual contact
- ensuring the safety of blood products
- preventing spread due to sharing of needles and syringes
- preventing spread from infected women to infants.

The spread of the disease **can** be controlled by these actions, even though neither a vaccine nor a cure is available. Therefore, elimination of the spread of the infection through these methods is the focus of prevention efforts.

Treatment

There are major international efforts to develop drug therapy. The most useful medication at this time is AZT (azidothymidine). AZT is helpful for certain categories of patients, but has serious side effects and costs approximately $1,000 per patient per month. Treatment remains primarily supportive care and the treatment of the patients' other infections.

IV. RELATED PLANS FOR PREVENTION AND CONTROL

While it is clear that the provinces hold responsibility for health matters, it is essential that provincial programs be complementary to national and international efforts. The provincial strategy is organized so as to be compatible with the WHO strategy.

World Health Organization's (WHO'S) Global Strategy

The WHO strategy paper indicates that at the national level, AIDS programs must be developed and strengthened through support for:

- epidemiological surveillance and assessment
- laboratory diagnosis and screening
- prevention programs
- education of health workers at all levels
- treatment programs
- research initiatives.

Beliefs Underlying WHO and Alberta Programs

WHO's program is built on beliefs which also underly the Alberta program. These are that:

- the spread of HIV can be stopped
- education is the key to AIDS prevention and control
- AIDS affects all dimensions of health and all components of the health care system
- AIDS prevention and control will require a sustained, long-term effort
- AIDS prevention and control programs must be integrated within the primary health care system
- proper handling and care of biological specimens in health care facilities, and appropriate infection control procedures when dealing with all patients can prevent infection in the workplace
- effective AIDS prevention and control programs will benefit health and strengthen the capacity of health care systems far beyond AIDS itself through increased knowledge and cooperation.

Canada's Program

The National AIDS program, introduced in May 1986, provides $39 million over the period of 1987-1991 for research, education, community-based AIDS organizations and the enhancement of laboratory capability in Canada. Over $9 million has been allocated, with approximately half going to research projects and conference awards.

In July 1987, senior appointments were made to the new Federal Centre for AIDS. The centre will consolidate functions of several branches of National Health and Welfare.

V. THE STRATEGIC PLAN FOR ALBERTA

Why Action is Needed Now

New initiatives are needed to contain the spread of this illness, primarily in the area of public education. With the ever-increasing problem of HIV infection in the province, there also needs to be increased service provision by those agencies already dealing with AIDS. Since AIDS began in Alberta in 1983, some critical services have been instituted at STD Clinics (such as assessment and counselling for persons at risk of AIDS and testing of blood specimens by the Provincial Laboratories). Additional resources were not previously provided, but are now essential to meet other ongoing service requirements as well as deal with AIDS-related problems.

Context of the Program

Planning is based on a strengthening of community responsibility for health through Government collaboration with funded agencies and non-governmental organizations including self-help groups. As this is a community wide issue, it affects not only government departments, but also community organizations. The initiatives will be taken through the existing agencies, with some strengthening where necessary but without creation of new structures.

Detailed Planning and Implementation

Detailed planning for some strategies will be done in working groups with other agencies to ensure that services will be based on knowledge of local problems, community resources and strengths, and use of appropriate approaches.

The program will be implemented through the efforts of the many agencies involved. The coordination among these agencies will be fostered by the Provincial AIDS Coordinator. Located in the Sexually Transmitted Disease (STD) Control Unit, the Coordinator will provide a focus for Alberta AIDS activities and liaison with the technical Provincial Advisory Committee on AIDS, and with counterparts in other provinces and jurisdictions. A non-technical Ministerial Advisory Committee will be set up.

Alberta's goals and objectives, which are detailed in the remainder of this paper, are outlined in Table 3. Various agencies' involvement is highlighted in the plan for those strategies where their role is major. However, collaboration among the many organizations involved will be required throughout delivery of the many-faceted program.

Table 3 - COMPONENTS OF ALBERTA'S PROGRAM

STRATEGIES	GOALS	OBJECTIVES
A. Prevention and control	1. TO INCREASE THE PUBLIC'S UNDERSTANDING OF HIV INFECTION AND AIDS AND ENCOURAGE THEM TO ADOPT LIFESTYLES FREE OF RISK OF INFECTION AND WITHOUT FEAR.	1.1 Increase public knowledge and reduce fear of HIV infection and AIDS.
		1.2 Increase knowledge by teachers, education officials and other professionals involved in education.
		1.3 Increase knowledge by youth and adolescents of healthy lifestyles and sexuality.
	2. TO PREVENT THE SPREAD OF HIV INFECTION.	2.1 Reduce and eventually eliminate transmission through sexual contact.
		2.2 Eliminate spread of infection by blood and blood products.
		2.3 Prevent spread of virus from infected women to infants.
		2.4 Prevent spread through accidental exposure in workplaces where blood, etc. is handled.
		2.5 Prevent spread of infection by drug abuse.
B. Education of Workers	3. TO INCREASE HEALTH WORKERS' KNOWLEDGE.	3.1 Increase education of and by health professionals.
		3.2 Improve infection control measures in health care facilities.
	4. TO INCREASE KNOWLEDGE IN THE WORKPLACE.	4.1 Increase knowledge of employers and workers.
C. Epidemiological surveillance and assessment	5. TO MONITOR RATES OF INFECTION WITH THE VIRUS WHICH CAUSES AIDS.	5.1 Continue to monitor HIV antibody seropositivity and AIDS.
		5.2 Study rates of the infection among groups of people who engage in risk behaviors.
	6. TO DETERMINE THE OCCURRENCE OF WORKPLACE RISK FACTORS.	6.1 Determine the nature and extent of the hazard of acquiring the virus at work.
D. Laboratory diagnosis and screening	7. TO ENSURE THAT ASSESSMENT AND SCREENING ARE AVAILABLE FOR INDIVIDUALS LIKELY TO BE INFECTED.	7.1 Make medical assessment in regard to the infection available and accessible.
		7.2 Enhance screening and counselling programs.
E. Care and Treatment programs	MORE DETAILED PLANS, INCLUDING GOALS AND OBJECTIVES WILL BE IN A PLAN FOR CARE PROGRAMS (MARCH 1988).	
F. Research initiatives	8. TO RESEARCH OUTCOMES OF PREVENTION, CONTROL AND TREATMENT GOALS.	8.1 Increase funding by and to Alberta agencies for AIDS-related research.
		8.2 Assess the impact and effectiveness of the prevention and control program.

VI., A. PREVENTION AND CONTROL PROGRAMS

Goal 1. TO INCREASE THE PUBLIC'S UNDERSTANDING OF HIV INFECTION AND AIDS AND TO ENCOURAGE THE ADOPTION OF LIFESTYLES FREE OF RISK OF INFECTION AND WITHOUT UNNECESSARY FEAR

Objective 1.1 Increase public knowledge and reduce fear of HIV infection and AIDS

Strategies:

a) A major media campaign is being initiated. The campaign will carry information to the general public and will be planned with input from community health personnel and stakeholder groups. It will reinforce and support the concepts of loyal relationships and the family.

b) A survey of public attitudes and knowledge is being undertaken in the fall of 1987. It will provide direction for the campaign, and base-line information for assessment of impact.

c) The newly published pamphlet "The Facts About AIDS" will be re-issued, after focus testing, to tie in with the campaign. The distribution system will be widened (to include sending with cheques, being available with marriage licenses, etc.).

d) The public will receive additional information through an "AIDS Hot Line" established by January 1988. Accessed without charge from anywhere in the province, the Hot Line will be staffed by nurse educators knowledgeable about HIV infection and AIDS and other sexually transmitted diseases.

e) Public seminars and presentations are being supported through a speakers' roster of health professionals and through financial support to non-profit, non-governmental organizations.

f) Health Units' capabilities to respond to their communities' needs for AIDS education are being strengthened through the offering of additional funding.

g) The Community and Occupational Health Library is being established as an AIDS resource center. New reference books and journals are being purchased for use by the general public and professionals.

h) Audiovisual resources for use by the public, organizations and agencies will be made available through the Provincial Film Library and ACCESS Network. These agencies have to date had very limited materials on AIDS.

i) Information regarding AV resources, materials and programs will be exchanged with other jurisdictions through the clearing house established by the Canadian Public Health Association.

Objective 1.2 Increased knowledge of teachers, education officials and other professionals involved in education regarding HIV infection and AIDS

Strategies:

a) Continuing education for professionals is being provided by the staff of STD Control, by other health professionals, and by members of self-help groups.

b) Teachers are being given increased opportunity to expand their knowledge and skills and examine their attitudes regarding AIDS in seminars presented by STD Education. Pilot seminars took place in October. Based on the findings from the pilot seminars, further seminars will be organized in continued cooperation with Alberta Education.

c) The Department of Community and Occupational Health will assist Alberta Education in identifying authorized resource materials for students and teachers.

d) An Information Bulletin on AIDS in educational settings has been updated and is being re-issued. This joint statement from Alberta Community and Occupational Health and Alberta Education contains guidelines based on recommendations from the U.S. Centre for Disease Control.

Objective 1.3 Increase knowledge of youth and adolescents of healthy lifestyles and sexuality in relation to AIDS.

Strategies:

a) School Boards, according to Alberta Education policy, have the option of whether or not their schools provide the sexuality component of the junior high school health and personal life skills curriculum. Health personnel support and encourage teaching of the sexuality component.

b) The sexuality component of the senior high school career and life management curriculum will be introduced in the fall of 1988. School Boards will have the same option as with the junior high curriculum.

c) Resource materials on AIDS to support the curricula are being subsidized through the new AIDS Program.

d) Groups of young people requesting information and those at high risk (e.g. those in the Youth Detention Center) are receiving information directly from STD Education.

A major education effort will be undertaken to develop an awareness of the problem. The approach planned includes educational and attitudinal messages directed to the general public and information to junior and senior high school students. Throughout the province, the schools and health units will be major providers of information to their communities. Other community organizations and government personnel will be available as resources and backup to them.

Strategies: (continued)

In order to provide **continuing** AIDS-related education, present and future educators must have a good understanding of the infection and its prevention. Information is being included in continuing professional education, and in undergraduate course content.

Input will be requested into detailed planning of the public education. The public and various stakeholder groups will be asked to collaborate in working groups which will focus on messages and strategies. Expected benefits from such working groups are plans that are innovative and publicly acceptable. A broad base of support for and ownership of the program can also result.

BACKGROUND

ISSUE: THE GENERAL PUBLIC NEEDS AND WANTS INFORMATION REGARDING HIV INFECTION AND AIDS WHICH IS: FACTUAL, NON-SENSATIONAL, CURRENT AND MEANINGFUL

For the most part, the media has done an excellent job of creating a public awareness of AIDS. However, the public's knowledge has been based almost solely on that information. While a great deal of media-supplied information regarding AIDS has been correct, an absence of hard facts has led to some sensationalism and conjecture. As a result, a sense of panic concerning the disease has been created inadvertently. It is necessary for the public to understand the relevance of AIDS information to themselves, their children and their communities. At the same time the public requires assurance and support.

An underlying problem to be addressed will be **maintaining** public interest in, and awareness of, preventive measures. Educational efforts must have long-term effects. If this is not achieved, the public may fail to accept the long-term considerations and begin to ignore AIDS information.

ISSUE: UNDERSTANDING AND DEALING WITH AIDS WILL BRING INTO PLAY THE DIFFERING VALUES OF ALBERTANS

AIDS prevention efforts most certainly will bring into the open various issues of morality as well as the differing value systems and levels of tolerance among Albertans. Some concern can be expected regarding even general factual information being presented to the general public or in schools.

To prevent further spread of the virus, it will be necessary to change the behavior of those engaging in high-risk activities. To present information which leads to that behavior change will in itself be a challenge. What may prove equally difficult is to do so without offending those whose values prohibit such conduct, and who may be upset by educational messages dealing with risk behaviors.

GOAL 2. TO PREVENT THE SPREAD OF HIV INFECTION

Objective 2.1 Reduce and eventually eliminate transmission through sexual contact

Strategies:

a) The media campaign for the general public will make it clear that all people are susceptible to infection by the virus which causes AIDS. It will emphasize that caution must be taken, and that there are simple ways of protecting oneself.

b) Persons with positive blood tests or who have engaged in risky behavior will receive explicit information in a number of ways, including through physicians, STD Clinics, and self-help groups. Continuation of AIDS Calgary's and the Edmonton AIDS Network's efforts will be supported through increased grants.

c) The Edmonton AIDS Network and AIDS Calgary will be asked to work together, with other agencies, and with government to identify specific resources needed to reduce sexual transmission.

d) Four additional staff were added to STD Education in October to deal with the increased service demands related to this infection.

Objective 2.2 Eliminate spread of the infection by blood and blood products

Strategies:

a) Those at risk will continue to be informed that they must not donate blood, semen, nor body organs even if their blood is not positive for HIV antibodies.

b) Strategies will be developed to reach those doing tattooing, electrolysis, etc. (possibly through their employing agencies and professional associations) regarding infection with the virus and infection control measures.

c) Families and friends providing care will be given information regarding infection control through the STD clinics, support groups, and their personal health care providers.

Objective 2.3 Prevent spread of the virus from infected women to infants

Strategies:

a) Awareness of the risk of transmission from women to infants will be heightened, particularly for couples at risk.

b) Information vehicles will include print materials, counselling by private and STD clinic physicians, and through support groups.

Objective 2.4 Prevent spread of the virus through accidental exposure in the workplaces where blood and body fluids are handled

Strategies:

a) Information is being provided to employers and workers regarding appropriate precautions to take so that workplace transmission does not occur.

b) A full-time AIDS workplace consultant is being added to the Occupational Health and Safety Division of Alberta Community and Occupational Health.

c) Existing printed material on measures to prevent transmission of AIDS in the workplace is being updated.

d) Workplaces will be identified where additional precautions may be required and appropriate precautions will be identified.

Objective 2.5 Prevent spread of the virus by intravenous drug abuse

Strategies:

a) Collaboration with the Alberta Alcohol and Drug Abuse Commission (AADAC) will continue, to eliminate transmission by intravenous drug abusers.

b) AADAC will publish a monograph on AIDS which deals with prevention techniques and protocols. It will be marketed to general health professionals and addiction workers.

BACKGROUND

ISSUE: INDIVIDUALS WHO PRACTICE, OR ARE LIKELY TO PRACTICE, BEHAVIORS WHICH PLACE THEMSELVES OR OTHERS AT RISK OF INFECTION WITH HIV NEED THE INFORMATION AND MOTIVATION TO ADOPT HEALTHY ACTIVITIES.

"At Risk" Sexual Activity

Preventing the spread of the virus from those currently infected is the basis of control of the epidemic. In Alberta, by far the greatest transmission is through high-risk sexual activity. Those infected and those taking part in endangering activities need to modify their behavior.

To achieve major behavioral change is difficult. Studies have shown that **some** infected individuals will adopt safer practices when presented with accurate information regarding the threat they may be posing to themselves or others. It is necessary to reach those at risk who may not see themselves as such, those who do not understand or are not yet motivated to change, and those who are prepared to take risks with their own or others' health.

"At Risk" Sexual Activity (continued)

In Alberta, risk-reduction counselling is done by private physicians and Departmental STD clinics. Self-help groups have also initiated many worthwhile education and counselling programs and projects. Groups concerned with prevention of HIV infection include AIDS Calgary and the Edmonton AIDS Network. They have been successful in reaching many "at risk" individuals. Continuation of their efforts is critical to the program.

Blood and Blood Products

The supply of blood donations is protected in a number of ways. The message has been repeatedly given that those at risk of having the infection must not donate blood (or body organs). At the Red Cross donation centres, every donor is personally and confidentially interviewed by nurses prior to donating, regarding risk factors. In addition, all blood donors have been screened since September 1985 for laboratory evidence of exposure to the virus. All infected blood is destroyed, and the person who donated is advised of their status and told not to donate in the future. Only .006% of blood donated to the Red Cross in 1987 has been infected. Consequently, health care providers can continue to inform the public of the high level of safety of blood and blood products in Alberta.

Infected Women to Infants

The rate of transmission from infected women to their infants during pregnancy and delivery is not conclusively known. However, studies estimate that as many as 65% of infants whose mothers have the virus will be infected. It is essential that infected women understand, prior to becoming pregnant, that their infants have a high probability of becoming infected with the virus and dying of AIDS. Infected women must also be aware of all of their options in regard to becoming pregnant or continuing with a pregnancy.

Accidental Work Place Exposure

Concerns among workers do exist and it is prudent to take precautions based on the risk factors involved. While workers handling blood or body fluids are not "at risk" if appropriate infection control precautions are taken, workers have not yet universally accepted, adopted, or put infection control measures in place. Workers' infections have occurred from transmission in their personal lives. In Alberta, no cases of AIDS have been reported which have been transmitted in the work place.

Persons in the health, public service professions (policework, etc.) and personal service professions (tattooists, electrolysists, etc.) who may be in contact with blood or body fluids need to adopt practices which protect themselves and their clients. Among health care workers, the vast majority of those infected with the virus have acquired the infection through their personal risk behaviors rather than occupationally. There have been several cases of health care workers developing antibodies to HIV. None of these cases has occurred in Canada. Nonetheless, proven infection control measures, which have already been prepared and distributed, will be updated. Employers' enforcement of those measures is required.

Intravenous Drug Abuse

There have not yet been cases in Alberta of AIDS reported as directly resulting from IV drug abuse. However, several AIDS patients had abused drugs intravenously, as well as having other risk factors. In addition, HIV infections have occurred in people whose only risk factor is drug abuse. Furthermore, the spread of Hepatitis B among drug addicts would indicate sharing of syringes and needles is taking place. These are indications that spread of the virus among and from IV drug abusers is a real threat which must be addressed.

VI., B. EDUCATION OF WORKERS

GOAL 3. TO INCREASE HEALTH WORKERS' KNOWLEDGE

Objective 3.1 Education of and by health professionals

Strategies:

a) Continuing education will be provided to professional organizations and agencies by STD Control staff, through the speakers' roster, and by community AIDS organizations.

b) Resource materials will be available as indicated under Objective 1.1.

Objective 3.2 Infection control measures in health care facilities

Strategies:

The infection control guidelines now distributed will be reviewed, and the possibility of one set of guidelines being adopted by all care institutions will be explored.

BACKGROUND

The role of health and education professionals is critical in all phases of HIV and AIDS programs. Health professionals are used as information sources by their communities. Whether their information giving is formal or informal, all health professionals should clearly understand HIV infection and its implications.

Health workers providing direct care to the public also need to understand the infection and to practice appropriate infection control measures, for their own protection and that of their clients. The STD Control Unit provides information, guidelines, and inservice education sessions for health workers including hospital staff, public health personnel, and dental practitioners. In the past year, there has been a 50% increase in the number of education sessions presented by STD staff.

All health professionals dealing with this infection need to be comfortable in encouraging people to ask questions, discussing social practices, and providing information which is correct and non-judgmental. Physicians need current information regarding the rapidly expanding knowledge of this disease and its implications. Dental professionals must also be updated so that they will provide safe care for all of their patients and will not refuse to treat infected individuals. Ready sources of information have been provided by the Department in terms of guidelines for care and counselling. Continuing professional education presentations have also been made.

GOAL 4. TO INCREASE KNOWLEDGE IN THE GENERAL WORKPLACE REGARDING HIV INFECTION AND AIDS

Objective 4.1 Increase knowledge of employers and workers re: HIV infection and AIDS

Strategies:

a) The AIDS workplace consultant is being hired full-time. An assessment will be made of any continuing need for this resource.

b) Workers and employers will be able to phone the workplace AIDS consultant in the Occupational Health and Safety Division for information regarding HIV and AIDS in the workplace and precautions that are required.

c) Up-to-date material will be prepared by the AIDS workplace consultant on the relationship of HIV to the workplace.

BACKGROUND

No cases of work-related AIDS have occurred in the general workplace. As a result, these strategies are not going to directly affect transmission because it does not result from workplace exposure. Significant needs for information by Alberta employers and workers may exist, however. These strategies should allow us to meet any information needs of Alberta workers, and to identify continuing needs.

VI., C. EPIDEMIOLOGICAL SURVEILLANCE AND ASSESSMENT

GOAL 5. TO MONITOR RATES IN ALBERTA OF INFECTION WITH THE VIRUS WHICH CAUSES AIDS

Objective 5.1 Continue to monitor rates of AIDS and of blood tests showing infection by the virus (seropositivity)

Strategies:

a) The current system only requires ongoing maintenance.

b) HIV seropositivity is being monitored through the Provincial Laboratories and the Red Cross.

c) Reporting of individuals whose blood shows evidence of infection with the virus is not required.

d) Monthly statistical reports are being sent to the Health Units, media, and others on request.

Objective 5.2 Study the rate of the infection among groups of people who engage in risk behaviors

Strategies:

a) The study to examine the infection rates among sexually active women who attend STD Clinics, which is currently underway, will be completed by August 1988.

b) There is encouragement of and cooperation with other studies of HIV infection rates.

BACKGROUND

Need for Current Information

Current information regarding the local rates of HIV infection must be available so that the pattern of the epidemic can be followed, control measures instituted, and prevention efforts assessed.

Alberta's Reporting System

In Alberta, AIDS is a reportable communicable disease. The disease classification used is that used nationally and internationally (and no longer includes AIDS-related complex). A provincial computerized system allows statistics to be produced at any time.

Information regarding age, sex, location and risk factors is transferred to a national computer system through which provincial statistics are compared with the national and international scene. This disease monitoring has occurred since 1983 and requires only ongoing maintenance.

Being "seropositive" means that there are antibodies to the virus in the blood; this is laboratory evidence that a person has been infected by the virus. The Provincial Laboratories and the Red Cross report the numbers of tests done, and the proportion seropositive for the various risk groups.

This completely anonymous system presents a relatively complete picture of the positivity rate for the province, but does **not** include people tested at private laboratories.

There is no mandatory reporting of individuals' HIV test results. There would be a number of problems with mandatory reporting of individuals' test results including:

- more possibility of there being breaches of confidentiality
- likely driving of those at risk underground, rather than encouraging them to appear for testing (as is reported to be happening in at least one province with such reporting)
- the impracticality of contact tracing for most of those positive. Many of those infected have numerous and anonymous partners; followup would be extremely difficult if not impossible.

The approach taken in Alberta is to stress to those who are positive the importance of them eliminating their risk behaviors, and informing their previous contacts of their risk. Contact tracing through STD Control concentrates on those contacts who might be unaware they had been exposed to the virus, such as heterosexual partners of IV drug abusers or of bisexual men.

GOAL 6. DETERMINE THE OCCURRENCE OF WORKPLACE RISK FACTORS IN ALBERTA

Objective 6.1 Determine the nature and extent of the hazard of acquiring HIV infection at work

Strategies:

a) Employer groups will be contacted to determine the potential for exposure to the virus and to determine the nature of precautions taken.

b) Hazards at worksites dealing with blood or body fluids will be assessed through observation of precautions being taken.

c) Alberta health workers who may have been exposed to the virus through broken skin (due to a needle, surgical instrument, etc.) are being followed through a national study.

BACKGROUND

Concern exists regarding the potential for workplace transmission. Pursuit of this objective addresses this matter and will allow us to determine the need for further activity in this area.

Alberta health care workers who have significant accidental exposure at work are enrolled in the Laboratory Centres for Disease Control's program known as the "needlestick" protocol. They receive counselling, HIV testing if they wish, and followup at regular intervals if they know they have accidently had exposure to the virus through broken skin or a prick with a needle, surgical instrument, etc.

VI., D. LABORATORY DIAGNOSIS AND SCREENING

GOAL 7. TO ENSURE THAT ASSESSMENT AND SCREENING ARE AVAILABLE FOR INDIVIDUALS LIKELY TO BE INFECTED WITH THE VIRUS

Objective 7.1 Make medical assessment in regard to the infection available and accessible

Strategies:

a) Those at risk of being infected with the virus will be encouraged, through information and counselling, to have a medical assessment and to be tested for HIV seropositivity.

b) The STD Clinics' capabilities have been increased to provide timely and thorough care to patients with AIDS-related concerns. There has been increased physician time allocated to the Calgary Clinic and three clinic nurses have been hired.

Objective 7.2 Make screening for HIV antibodies reliable, free, confidential, and done with the full understanding of the individual

Strategies:

a) The capacity for analysis of the free tests by the two Provincial Laboratories of Public Health has been increased through additional funding.

b) It is intended that public-funded AIDS testing will be restricted to the Provincial Laboratories.

c) Some additional resources are being allocated to AIDS Calgary and the Edmonton AIDS Network to ensure the availability of counselling and to provide information regarding testing.

BACKGROUND

Need for Informed Consent

There are many medical and legal issues related to testing. One is that test results may be used inappropriately. The public needs to understand when and why testing should be done, and that informed consent for testing should always be obtained.

In the international debate regarding testing, a thoroughly defensible position is that those who have been at risk of exposure to the virus should have a complete medical assessment, including HIV testing. Such testing should be done with the individual's informed consent and the test results held in confidence. This quality of care is standard for people with any health concerns.

Need for Informed Consent (continued)

At this time, mandatory screening of any group is not supported. Mandatory screening for AIDS has not been shown to significantly reduce the spread of the virus, and **cannot** prevent AIDS. It can be enormously expensive, and have severe detrimental effects from false positive test results, which occur particularly frequently in groups with low rates of infection. Resources are more effective if spent on education and on making voluntary testing readily available for those at risk (including high-risk women considering pregnancy, and the clientele of drug clinics).

Pre and Post-test Counselling

It is imperative that those being screened for antibodies to the virus understand both the serious implications of the risk behaviors leading to testing, and the meaning of test results. Counselling regarding these topics must be received before testing and at the time results are received.

Accessibility of Diagnosis

The need for strict confidentiality in even **submitting** blood for testing must be emphasized. It is essential that individuals wishing to be tested have access to free and confidential services. Testing and appropriate counselling are available through private physicians. Due to the sensitivity related to AIDS, some individuals prefer not to take their concerns to their family doctors. These people can receive free and confidential services through the Sexually Transmitted Disease Clinics operated by the Department. Sample analysis in both cases is done by the Provincial Laboratories through which quality of testing can be controlled.

VI., E. CARE AND TREATMENT PROGRAMS

ISSUE: THERE IS A NEED TO PROVIDE SERVICES FOR AIDS PATIENTS AND THEIR CARE GIVERS FROM INITIAL DIAGNOSIS THROUGH TO THE TERMINAL ILLNESS

Patients' Needs

Alberta patients with AIDS have had a life expectancy of 1.2 years. These patients, along with their families and/or friends, must deal with repeated AIDS-related illnesses during that time and must also adjust to the terminal nature of AIDS. Acute care is required during episodes of infection. Throughout their illness they require adequate housing, ongoing care, and will likely need financial support as well.

All those providing care (family, friends, or health professionals) need an adequate understanding of the illness and its methods of spread. The psychosocial needs of the care givers resulting from dealing with this fatal illness must also be understood and provided for.

The range of support services and health care required will vary with AIDS patients' type and intensity of illness, and the care options chosen by them, their families and/or friends. The strengths and availability of family and community resources will also be influential. Overall, people with AIDS require services which enable them to manage their illness and accompanying problems (physical, mental, emotional, and economic) as independently as they can, and ultimately, enable them to die with as much dignity as possible.

Community Care

From the time of diagnosis, patients, their families and friends need information regarding the illness, prognosis and infection control measures.

Supportive services to enable continued independence are available through a variety of community agencies (health units, private agencies, volunteer groups and government departments). Designated coordinators may be needed to assist in obtaining the services.

Treatment services are required to manage the physical problems associated with the variety of illnesses. Some treatment services can be provided in a home setting, either a private residence or a setting such as a hospice. At present, Alberta health units are providing services to patients in their homes. In Edmonton, Catholic Social Services opened in October a residential group home for HIV infected people who are unable to afford their own accommodation and require support. Palliative care is being considered for Edmonton for the spring of 1988 by the same group in conjunction with the Grey Nuns. Several Calgary agencies are also considering such a facility.

When death is imminent, service providers again must take into account the patient's needs and personal and community resources. If the person chooses to die at home, increased support of various types will most certainly be required.

Care Givers' Needs

The care givers' needs must also be addressed. Stress and burnout may be experienced by either lay people or professionals as they deal with "hopeless" situations. Peer counselling and a supportive network are required. While patients are at home, those providing care may need relief from their ongoing responsibility, such as "respite care".

Strategies:

a) Health units will be provided with continued funding for community health nursing and home care services.

b) Consideration will be given to Government providing some financial support for community group residences.

c) The possibility will be explored of providing relief or "respite" care in home settings.

Continuity of Care

During periods of acute illness, AIDS patients require hospitalization. One Edmonton and two Calgary hospitals currently admit many of the patients, although other hospitals do so as well. Other patients may not be able to cope at home even when reasonably well, and may require longer-term care. The coordination of patient care between the home settings and institutions is critical to patients' well-being.

Strategy:

A plan for care programs will be prepared by March 1988 by a consultant to the Department of Community and Occupational Health. In preparing the plan, the consultant will collaborate with Hospitals and Medical Care, AADAC, Social Services, and various care providers to create a coordinated approach to the development of treatment services.

Therapy

AZT is a drug which reduces symptoms and prolongs life for some AIDS patients. The drug will be provided for those types of patients for whom it has been shown to be beneficial. The criteria for AZT recipients will be under regular review to allow increased use if benefit is shown by clinical studies. It is likely that this year it will be provided to 30-35 persons in Alberta, and that two AZT clinics (Edmonton and Calgary) will be established to administer the drug and provide followup.

Strategies:

a) AZT therapy will be made available.

b) As recommended by the Provincial Advisory Committee on AIDS, a "patient selection" committee is being considered to make the difficult decisions as to which patients receive AZT.

VI., F. RESEARCH ACTIVITIES

GOAL 8. TO RESEARCH OUTCOMES OF PREVENTION, CONTROL AND TREATMENT GOALS

Objective 8.1 Increase funding by and to Alberta agencies for AIDS-related applied and basic research

Strategies:

a) Other government departments will be consulted as to appropriate strategies for bringing to the attention of funding agencies the need for specific AIDS monies.

b) Researchers will be made aware of sources of funding (Federal Government, foundations, etc.)

c) Collaborative projects with other governments, universities and agencies will be encouraged.

Objective 8.2 Assess the impact and effectiveness of the prevention and control program

Strategies:

a) A survey is in the planning stage with a private research firm of Albertans' knowledge and attitudes toward AIDS. This will be used to position the media campaign.

b) Alberta should participate in a proposed national survey of public knowledge and attitudes which is under consideration by the Federal AIDS Centre.

c) Pilot testing will be done of the seminars offered to teachers by STD Education. A formative research approach in which there is constant monitoring of the effectiveness of the seminar program will lead to continuing improvement.

BACKGROUND

There has been little funding of AIDS-related projects, either basic or applied, from Alberta sources. Within the province, several studies supported by Federal funding are underway. One involves sexually active women attending the STD Clinic. A second, at the University of Calgary, involves a study of intestinal problems in infected individuals. A number of survey research projects are either proposed or in progress regarding AIDS-related knowledge, attitudes and behaviors. One of these has been conducted by the Edmonton Interagency Council on AIDS which involved a survey of teens' attitudes toward AIDS.

Assessment of educational and risk reduction efforts is badly needed. Although world-wide efforts at prevention of HIV infection through education are taking place, there is little literature describing the effectiveness of these programs. Further, as the use in Canada of media to transmit health education messages is just beginning there is much to be learned regarding our public's response to such efforts.

VII. CONCLUSION

AIDS is an incurable terminal disease. AIDS is killing Albertans now. It will kill in the future, but the spread of the disease can be stopped. The time for action is now.

Until a vaccine against AIDS infection is developed, public education is the only effective method of controlling this virus. We believe that, when properly informed, Albertans will rise to the challenge of AIDS prevention and control. This must involve an active decision on the part of individual Albertans to eliminate behaviors which expose themselves and others to the risk of AIDS infection.

Concrete, focused and direct community action is required. The three-year program outlined in this document creates a collaborative effort between the government, the media and the community to control the spread of this deadly virus. The program will cost money, but the cost is miniscule compared to what will happen if we ignore the problem.

The time for action is now. AIDS cannot be cured. **It can be controlled.**